

EXHIBIT 1

*The Steership
Authority*

**REPORT OF PERSONAL INJURY
(ON SSA PROPERTY)**

T.F



<input checked="" type="checkbox"/> PASSENGER/PATRON	<input type="checkbox"/> VESSEL EMPLOYEES (JONES ACT)		
<input checked="" type="checkbox"/> VESSEL	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> TERMINAL AREA	<input type="checkbox"/> OTHER (Explain Below)

NAME: [REDACTED]

MAILING ADDRESS: [REDACTED]

CITY: [REDACTED]

ZIP: [REDACTED]

PHONE: [REDACTED]

Date of Birth: [REDACTED] Marital Status: [REDACTED] SSA Occupation: [REDACTED]

Nearest relative/relationship: (To be filled out by Passengers/Patrons only)

Name: [REDACTED]
Address: [REDACTED]

I	DATE OF INJURY: 6/29/12	TIME: _____ AM / PM
J	VESSEL: MV EAGLE	LOCATION: _____
U	Trip # _____	Terminal: _____
R	Other: _____	Parking Lot: _____
Y	Bus #: _____	
I	Describe how injury occurred: <i>While coming from welding on vessel</i>	
N	<i>to wharf - stepped on and tripped in</i>	
F	<i>right hand injured two fingers.</i>	
O	Witness, if any: <i>None</i>	Reported to: _____ Date: _____
R	Describe injuries, if any: <i>Right hand fingers injured</i>	
M	<i>Below</i>	
A	<i>Transported to hospital</i>	
T	Was ambulance called? _____	If YES, was injured party transported to hospital? _____ If YES, hospital name & address: _____
I	<i>Transported to Hospital</i>	
O	Did injured party make a statement as to cause of accident, if YES, what statement and to whom?	
N		

CREW MEMBER/EMPLOYEE:

Did the employee return to work? _____, If YES - When _____

Additional remarks:

Injured Seaman must sign here:

Date:

If injury was on vessel report is to be signed by Master of Vessel, otherwise Agent, Manager or Supervisor.

Signature: *[Signature]* Position: *Captain* Date: *6/29/18*